

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035402

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 164

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10/90

20/90

3

4 0

5 1

6

7 0

8 2

9/80X

10

11

1270-0

13 2-0

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH 15 1963

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Belton

Length of stay in 1b  
18 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION R. R. Belton, Mo.

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Cass

c. CITY  
OR  
TOWN R. R. Belton

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS (If outside, give location)  
R. R. Belton

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
CHARLES FOSTER TITSWORTH

4. DATE  
OF  
DEATH Month Day Year  
Oct. 10, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10-3-1890

9. AGE (last birthday)  
73

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Pilot Grove, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

George Titsworth

13b. MOTHER'S MAIDEN NAME

Ewing Reed

14. NAME OF HUSBAND OR WIFE

Hazel L. Titsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes W. W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Hazel L. Titsworth Belton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Generalized metastatic Carcinomatosis  
Primary CA of Left Kidney (nephrectomy in 1963)

INTERVAL BETWEEN  
ONSET AND DEATH

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pericardial Effusion

PART III. If deceased was female was there a pregnancy, in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 27 1963 to Oct 10, 1963 and last saw him alive on Oct 4, 1963.  
Death occurred at 7:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

10-12-63

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

10-10-63

26. REGISTRAR'S SIGNATURE

Ray J. Lebeck

MR. CHARLES JOHNSON

6014 MISSION RD.

OCT 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clayton F. Barnes

Licensed Embalmer No. 4793

P. O. Address F.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.